

SELF-DIRECTED SERVICES PROGRAM FREQUENTLY ASKED QUESTIONS (FAQ'S)

Participant Questions

- Q.** What is the Self-Directed (SD) Services Program?
- A.** The SD Services Program is a new service delivery model that is designed to provide participants with more opportunities for inclusive community living. The program empowers a participant and/or their families with control over the decisions and resources required to meet the objectives in a participant's individual program plan. The SD Services Program in California has two elements – a state-funded-only program and a state-federally funded program referred to as a Home and Community-Based Services (HCBS) program waiver.
- Q.** What is an HCBS waiver?
- A.** HCBS waivers afford states the flexibility to develop and implement creative alternatives to placing Medicaid (Medi-Cal)-eligible individuals in hospitals, nursing facilities or intermediate care facilities. HCBS waiver programs recognize that many individuals at risk of being placed in these facilities can be cared for in their homes and communities, preserving their independence and ties to family and friends at a cost no higher than that of institutional care.
- Q.** What are the benefits of SD services?
- A.** Self-directed pilot participants report a high level of satisfaction with their service programs, including the experience of more freedom and responsibility in controlling the direction of their services and their life choices.
- Q.** May an individual self-direct some services and not others?
- A.** No. Once you are enrolled, all of the services in the SD Services Program are participant-directed.
- Q.** Who is eligible for this program and how does an individual qualify to participate?

- A. In order to participate in the Self-Directed Services Program, an individual must:**
- **Have a developmental disability as defined in California state law.**
 - **Be age three (3) or older.**
 - **Not receive services in a congregate setting.**
 - **Accept the following terms and conditions:**
 - **Undergo an in-depth orientation to the Self-Directed Services Program prior to enrollment.**
 - **Agree to utilize the services and supports available within the Self-Directed Services Program only, except for other necessary Medi-Cal state plan benefits.**
 - **Accept and manage within the individual budget amount that has been established on his/her behalf.**
 - **Employ or designate the services of a Financial Management Services entity for the purposes of payroll, disbursement of funds, and related duties pursuant to the participant's approval.**
 - **Employ or designate an individual to provide Supports Brokerage Services.**
 - **Voluntarily disenroll from the current Developmental Disabilities HCBS waiver, if enrolled, in order to participate in the Self-Directed Services Program.**
- Q. What if the consumer has an unanticipated need that was not factored into their individual budget?**
- A. An account comprised of a portion of each self-directed services participant's annual individual budget, will be used for addressing unanticipated needs. This account will be called the "Risk Pool".**
- Q. May a parent, friend, or guardian be a Supports Broker?**
- A. A friend, relative, guardian, or parent who is 18 years or older and is familiar with the participant may act as a Supports Broker. Parents can be a "designated" Supports Broker. Designated Supports Brokers are non-paid providers.**
- Q. How will current participants in the SD Services pilot program be affected by the new SD Services Program?**
- A. Current pilot participants who are eligible may enroll in the SD Services Program and, if qualified, in the SD Services Program HCBS waiver. Pilot participants who are not eligible for the new SD Services Program may continue to participate in the SD Services pilot program.**

- Q.** What types of services are available under the SD Services Program? For example, can a home or car be purchased with SD funds?
- A.** **A flexible array of services and supports are available in the SD Services Program. Services and supports selected by the participant must be related to the participant's developmental disability and must be specified in their IPP. Efforts to obtain generic services must also be exhausted before purchasing program services. Cars and homes are not allowable purchases in the SD Services Program.**
- Q.** Will the participant get a lump sum of money to spend during the year for SD services?
- A.** **The participant will have an annual individual budget with an established amount of money with which to purchase the services that are defined in their IPP.**
- Q.** May the individual return to their traditional service delivery system at any time?
- A.** **A participant may, at any time, request to return to traditional services by notifying their Service Coordinator. A change in services may require a revision to the participant's IPP.**
- Q.** May the individual use the money to hire a job coach?
- A.** **Yes, as long as the service is not available through a generic agency, such as the Department of Rehabilitation.**
- Q.** May the individual use the money to start a small business?
- A.** **Yes.**
- Q.** May the individual use money from their individual budget for a credit card payment?
- A.** **No. Only payments for self-directed services rendered will be allowed.**

Regional Center Questions

- Q.** Will the IPP process be used for the Self-Directed Services Program?
- A.** **Yes. The IPP is the participant's official plan of care. Each participant's person-centered plan comprehensively addresses his or**

her identified needs for self-directed services in accordance with his or her expressed personal preferences and goals.

- Q.** How many person-centered planning sessions are normally needed to develop an individual's IPP in the SD Services Program?
- A.** **Both the person-centered planning process and the IPP are individualized to meet the consumer's needs. Regional centers participating in the SD Services pilot program report that the average amount of time spent on IPP development is about 30 hours.**
- Q.** May the FMS change the individual budget?
- A.** **No. Only the Service Coordinator or other designated regional center representative has the authority to change and approve the budget.**
- Q.** What is "cost neutrality"?
- A.** **"Cost Neutrality" is a frequently used term in Medi-Cal, which in this case means that a participant's annual budget will not exceed the annual costs that would be incurred were the participant in an institutional setting instead of the SD Services Program.**
- Q.** What if the consumer has an unanticipated need and the amount of money in his or her budget will not cover the costs of that need?
- A.** **The SD Services Program provides for a "Risk Pool" that participants may request access to through the regional center in order to manage unanticipated needs. The amount of funds in the risk pool is based on the total amount of all participants' budgets enrolled in the SD Services Program.**
- Q.** How, if at all, are Special Incident Report (SIR) requirements different for the SD Services Program?
- A.** **Reporting requirements through SIR's are the same as current statutory requirements. The Supports Brokers will have reporting responsibilities to the regional center.**
- Q.** Must a participant hire a FMS and a Supports Broker?
- A.** **All participants are required to either hire or designate both a FMS and a Supports Broker. A hired FMS or Supports Broker is a paid employee, while a designated FMS or Supports Broker works for the participant on a non-paid basis. Parents performing either function may only be designated (non-paid) and not hired (paid).**

Q. What is Risk Management?

A. DDS maintains a comprehensive risk management system to enhance the health, safety, and well being of all regional center consumers. This system provides the tools needed to minimize risks to health and safety, ensure participant safeguards, and honor participant choices.

Q. What is the Quality Management System (QMS)?

A. The participant and family are at the core of California's QMS. The system is based on values, has clearly established performance expectations, includes collection and analysis of data to determine if expectations are being met, and finally, assists users in identifying actions necessary to correct deficiencies or improve processes and services.

Q. May the individual return to traditional services?

A. Yes. The individual may return to traditional services if they find the SD Services Program is not working for them.

Service Provider Questions

Q. May the participant be an employer?

A. Yes, the participant will employ (hire/designate) the staff whose services are identified in the participant's IPP.

Q. May the participant terminate an employee?

A. Yes, the participant has the authority to terminate an employee. However the participant will need to adhere to the law as it applies to labor practices.

Q. How does an individual become qualified to be a service provider?

A. There are two types of service providers, professional and non-professional. A professional provider must be licensed or certified and meet proper qualifications. An example of a professional provider would be a Registered Nurse (RN). A non-professional provider must

meet the participant's expectations. An example of a non-professional provider would be a relative providing transportation services.

Q. Are all service providers required to become a vendor of the regional center?

A. No. Only the FMS provider is required to become a vendor of the Regional Center under the SD Services Program.